

10-30-00

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Michael A. Martinelli, Brad Jascob and Mark W. Hunter
Title: Patient-Shielding And Coil System
Docket Number: 56300- (MRT-21)

Box PATENT APPLICATION

Assistant Commissioner for Patents
Washington, DC 20231

JC914 U.S. PTO
09/698895
10/27/00

Sir

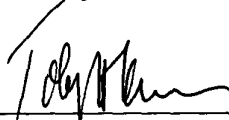
TRANSMITTAL LETTER

Enclosed herewith for filing in the above-identified patent application please find the following listed items:

1. Application and a check in the amount of \$380.00 to cover the cost of the requisite fee;
2. Declaration Petition and Power of Attorney (Unexecuted);
3. Eight (8) Sheets of Informal Drawings;
4. Patent Application Transmittal Letter; and
5. Return Postcard.

In connection with the foregoing matter, please charge any additional fees which may be due, or credit any overpayment, to Deposit Account Number 50-1133. A duplicate copy of this letter is provided for this purpose.

Respectfully submitted,



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CERTIFICATE OF MAILING

"Express Mail" Mailing Label Number EL517536922US

Date of Deposit October 27, 2000

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and is addressed to Box Patent Application, Assistant Commissioner for Patents, Washington, DC 20231.

Cynthia Joseph
(Person Mailing)


(Signature)

PATENT APPLICATION TRANSMITTAL LETTER
(Small Entity)

Docket No.
56300- (MRT-21)

TO THE ASSISTANT COMMISSIONER FOR PATENTS

Transmitted herewith for filing under 35 U.S.C. 111 and 37 C.F.R. 1.53 is the patent application of:

Michael A. Martinelli, Brad Jascob and Mark W. Hunter

For: **PATIENT-SHIELDING AND COIL SYSTEM**

Enclosed are:

- ☒ Certificate of Mailing with Express Mail Mailing Label No. **EL517536922**
- ☒ **Eight (8) (Informal)** sheets of drawings.
- ☐ A certified copy of a _____ application.
- ☒ Declaration ☐ Signed. ☒ Unsigned.
- ☒ Power of Attorney
- ☐ Information Disclosure Statement
- ☐ Preliminary Amendment
- ☐ _____ Verified Statement(s) to Establish Small Entity Status Under 37 C.F.R. 1.9 and 1.27.
- ☐ Other:

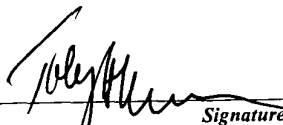
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CLAIMS AS FILED

For	#Filed	#Allowed	#Extra	Rate	Fee
Total Claims	5	- 20 =	0	x \$9.00	\$0.00
Indep. Claims	1	- 3 =	0	x \$40.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
BASIC FEE					\$355.00
TOTAL FILING FEE					\$355.00

- ☒ A check in the amount of **\$380.00** to cover the filing fee is enclosed.
- ☐ The Commissioner is hereby authorized to charge and credit Deposit Account No. **50-1133** as described below. A duplicate copy of this sheet is enclosed.
- ☐ Charge the amount of _____ as filing fee.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing fees required under 37 C.F.R. 1.16 and 1.17.
- ☐ Charge the issue fee set in 37 C.F.R. 1.18 at the mailing of the Notice of Allowance, pursuant to 37 C.F.R. 1.311(b).

Dated: **October 27, 2000**


Signature

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